

Magnolia Reviews of Texas, LLC

PO Box 348 Melissa, TX 75454* Phone 972-837-1209 Fax 972-692-6837

[Date notice sent to all parties]:

06/27/2016

IRO CASE #:

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Rehab room
from 02/13/2015-09/19/2015**

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: _**

Board Certified Orthopaedic Surgery
Fellowship Trained in Pediatric Orthopaedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male with a reported injury on XX/XX/XX. The mechanism of injury was a misstep resulting in a trimalleolar fracture. The patient required multiple surgical interventions to include temporary external fixation followed by open reduction and internal fixation. The patient developed wound dehiscence with hardware exposure both medially and laterally. The patient required extensive plastic surgery for wound closure and a femoral popliteal bypass for blood supply. The patient had a personal medical history of diabetes mellitus. Following the popliteal bypass, the patient suffered a heart attack, which was treated with a 3 vessel bypass. At this time, his foot care was on hold. The provided documentation supports that the patient received outpatient physical therapy services for his work related injury between XX/XX/XX and XX/XX/XX. As of XX/XX/XX, the patient presented for followup. He was 4 months status post ORIF to the right ankle fracture. The patient was being seen for wound care weekly and had a repeat I&D of the lateral wound approximately 2 weeks prior to this presentation. He continued to use low dose doxycycline. The plan was to place the patient in a tall fracture boot and allow weight bearing as tolerated. The patient was to begin physical therapy in XX

and followup in 4 weeks with new x-rays. The patient would continue antibiotics until his hardware could be removed in 9 to 12 months. The provided documentation includes a physical therapy prescription form dated X/X/XX which requested physical therapy for the treatment of the right ankle and foot daily while inpatient then 2 to 3 times per week as an outpatient to include balance, coordination, gait training, strengthening, and full weight bearing of the right lower extremity. The provided documentation also included evidence of payment for a “rehab room” at XX per day from X/XX/XX-X/XX/XX.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

While the Official Disability Guidelines do support 21 postsurgical visits over 16 weeks for the treatment of a trimalleolar fracture and additional physical therapy may have been indicated due to exceptional factors, the provided documentation does not demonstrate that this patient qualified for a “rehab room.” The provided documentation lists the patient’s residence as XX. The address for the sports medicine and rehabilitation center was XX. A search of Google Maps indicates that depending on the route, the distance between these 2 locations is XX-XX miles. While the provided documentation did not include an address for the hotel XX and there are multiple XX, the nearest XX is XX miles away (less than 5 miles from the patient’s home address). Based on the above information, it is unclear if the patient required physical therapy services related to his work related injury for the entire period of XX/XX/XX-XX/XX/XX. In addition, the provided documentation did not demonstrate that the patient’s therapy took place greater than 30 miles from his home to support that an overnight stay was reasonable for any of these nights. Therefore, the 7 month use of a rehab room would not be reasonable, and the rehab room from XX/XX/XX-XX/XX/XX was not medically necessary. As such, the prior adverse determination should be upheld.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 14th Edition (web), 2016, Ankle & Foot (Acute & Chronic)/ Physical therapy (PT).

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Fracture of ankle, Trimalleolar:

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 21 visits over 16 weeks

**☒ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID,
OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

Texas Department of Insurance. Division of Workers' Compensation.

(2016, February). Request to Get Reimbursed for Travel Costs.

Retrieved from <http://www.tdi.texas.gov/forms/dwc/dwc048trvlreim.pdf>

If you have a work related injury, you can get reimbursed for travel cost for some medical treatment or exams more than 3 miles 1 way if:

Medical treatment is not reasonably available within 30 miles of where you live or required medical exams, designated doctor exams, and post designated doctor treating or referral exams are more than 30 miles one way.

Hotels and meals: If your travel reasonably includes an overnight stay, you can get reimbursed for the cost of a hotel or other lodging and meals related to your trip. You must send a copy of receipts for an overnight stay and your meals with the appropriate form and the amount reimbursed cannot be more than the rates for state employees.